2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

P06000086693 DOCUMENT # P06000086693 FILED HUNG'S CORPORATE, INC. 07 AUG 17 AM 10: 04 ana Airt af STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 4891 WOOD POINTE WAY 3501 SOUTH TAMIAMI TRAIL **SUITE #306** SARASOTA, FL 34233 US SARASOTA, FL 34239 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 CR2E034 (12/06) Chg-P 4. FEI Number 205139189 City & State City & State X Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNG, LI-CHEN Street Address (P.O. Box Number is Not Acceptable) **4891 WOOD POINTE WAY** SARASOTA, FL 34233 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bits if applicable (NOTE: Registered Agent signature required when renstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 : After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE Delete TITLE HUNG, MICHAEL C NAME NAME 4891 WOOD POINTE WAY STREET ADDRESS STREET ADDRESS CITY - ST. ZIP CITY-ST-ZIP SARASOTA, FL 34233 VP ☐ Change Delete ☐ Addition TITLE TITLE HUNG, LI-CHEN NAME NAME STREET ADDRESS 4891 WOOD POINTE WAY STREET ADDRESS SARASOTA, FL 34233 CITY - ST- ZIP CITY-ST-ZIP TITO F ☐ Change Addition TITLE Delete HUNG, LI-CHEN NAME NAME STREET ADDRESS 4891 WOOD POINTE WAY STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP Delete Change MTI F ☐ Addition TITLE HUNG, MICHAEL C NAME NAME STREET ADORESS 4891 WOOD POINTE WAY STREET ADDRESS CITY-ST-7IP CITY-ST- ZP SARASOTA, FL 34233 TITLE ☐ Change ☐ Addition Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

FFICER OR DIRECTOR

05-07-2007 90064 019 ***150.00

Daytime Phone #